

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 22-100; the proponent agency is TRADOC

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)

- Conduct initial Reception and Integration Counseling
- Ensure that all immediate soldier and family issues are resolved promptly
- Welcome the soldier and family to the unit and community
- Orient the soldier to the standards and policies of the unit and command

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

- Do you currently have any Financial or pay problems? Yes ____ No ____
- Do you have any personal problems you would like to discuss at this time? Yes ____ No ____
- Do you have any professional issues you would like to discuss at this time? Yes ____ No ____
- Is your family traveling with you? Yes ____ No ____ N/A ____
 - If so, are there any special needs or requirements we can assist you with at this time? Yes ____ No ____
 - Do you currently have adequate living arrangements for your family members? Yes ____ No ____
- Do you currently have enough money to cover lodging, food, and other expenses? Yes ____ No ____
- Do you have any pets that require boarding during your inprocessing period? Yes ____ No ____
 - If so, what type of pet(s) do you have? _____
- Do you have reliable transportation (POV) available to you? Yes ____ No ____
- Read the Barracks SOP (required by all soldiers living in the billets / all NCO's that have soldiers in the billets must read to ensure they understand the standards that must be maintained by their soldiers) ____
- Formations: Locations/Times ____
- Read Company Policy Letters: ____
- Physical Training: Location/Time ____
- Dining Facility: Location/Hours of Operation ____
- Discuss current promotion status: ____
- Review counseling requirements: ____
- Unit Chaplain: Location/Phone Number ____
- Newcomer's Brief with CO/ISG: ____
- Issue Leader Contact Card to soldier: ____
- Explanation of Duty Rosters: ____
- Unit Mission: ____
- Rating Scheme: ____
- Review local Chain of Command/NCO Channel: ____
- Unit Bulletin Board: Location/Reading Policy ____
- Local Facilities: PX, Commissary, etc. ____
- Your sponsor is: ____

In the space provided below, please indicate any areas of concern you may have or any areas in which you may require assistance that were not covered above: _____

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action: (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)

I would like to take this opportunity to welcome you to the unit.

As stated previously (Rank/Name) _____ has been appointed as your sponsor. Should you have any questions or concerns, please bring them to his/her attention immediately. If you do not receive a satisfactory response in a timely manner, please bring your concerns to my attention. I want you to take this time to ensure that you are properly settled and fully inprocessed before you begin working. Take full advantage of this opportunity. All your appointments will be coordinated through your sponsor. Within 7-14 days of your arrival, you will have a follow-up counseling with me to discuss your initial inprocessing. Please bring to my attention any areas that you believe could be improved or areas that you believe were conducted in an exceptional manner. In addition, during our follow-up counseling we will discuss the specifics of your duties and responsibilities as a member of the team, your future goals, education, promotions, upcoming events. Prepare your questions and please do not hesitate to contact me.

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual _____ Date: _____

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

- Sponsor will maintain contact with the soldier daily and at least once during the weekend.
- Sponsor will ensure that the soldier has adequate transportation to appointments.
- Sponsor will provide the soldier with a phone number in case an emergency arises.
- Supervisor will conduct follow up counseling on: _____
- Supervisor will conduct an initial counseling directed toward the soldier's duties and responsibilities on: _____

Signature of Counselor: _____ Date: _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: _____ Individual _____ Date of _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.